

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury VT 05671-2060

http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

December 9, 2016

Deb Choma, Manager Shard Villa 1177 Shard Villa Road Salisbury, VT 05769-9588

Dear Ms. Choma:

The Division of Licensing and Protection completed a complaint investigation at your facility on **December 1, 2016**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

Pamela Cota, RN Licensing Chief

mlaMCdaRN

Division of Licensing and Protection	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING:	(X3) DATE SURVEY COMPLETED
0152 B. WING	C 12/01/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
1177 SHARD VILLA ROAD	
SHARD VILLA SALISBURY, VT 05769	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH PROVIDER'S PLAN OF CORRECT PROVIDER'S PLAN OF	ULD BE COMPLETE
R100 Initial Comments:	
An unannounced on-site survey to investigate 2 mandatory self-reports (#15035 and #14273) was completed by the Division of Licensing and	
Protection on 12/1/16. There were no regulatory violations found.	!
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Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE	(X6) DATE

STATE FORM

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If continuation sheet 1 of 1